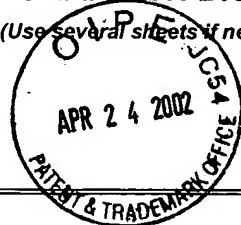


## INFORMATION DISCLOSURE CITATION

(Use several sheets if necessary)

ATTY. DOCKET NO.  
4-30361B/C1  
APPLICATION NO.  
10/077,150  
APPLICANT  
Bernhard Peter Neumann  
Filing Date: February 15, 2002

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## U.S. PATENT DOCUMENTS

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE
	AA						
	AB						
	AC						
	AD						
	AE						
	AF						
	AG						
	AH						
	AI						
	AJ						
	AK						
	AL						

## FOREIGN PATENT DOCUMENTS

		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION YES NO	
<i>gib</i>	AM	GB 2 093 450 A	9/2/82	Great Britain	—	—	<input type="checkbox"/>	<input type="checkbox"/>
<i>gib</i>	AN	EP 0 640 595 A1	3/1/95	Europe	—	—	<input type="checkbox"/>	<input type="checkbox"/>
<i>gib</i>	AO	EP 0 602 851 A1	6/22/94	Europe	—	—	<input type="checkbox"/>	<input type="checkbox"/>
<i>gib</i>	AP	EP 0 431 944 A2	6/12/91	Europe	—	—	<input type="checkbox"/>	<input type="checkbox"/>
<i>gib</i>	AQ	EP 0 523 533 A1	1/20/93	Europe (See Derwent Abstract)	—	—	<input type="checkbox"/>	<input type="checkbox"/>

## OTHER DOCUMENTS (Including Author, Title, Date, Pertinent pages, Etc.)

<i>gib</i>	AR	Derwent Abstract 93-019579/03
	AS	
	AT	

EXAMINER

*gib*

DATE CONSIDERED

*5/5/03*

\*EXAMINER: Initial of reference considered, whether or not citation is in conformance with MPEP 609: Draw a line through citation if not in conformance and not considered. Include a copy of this form with the next communication to applicant.

*No Ref's sent - see Parent.*

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## FOREIGN PATENT DOCUMENTS

		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLAS S	TRANSLATION	
							YES	NO
<i>806</i>	AA	WO 98/11095	3/19/98	PCT	<i>1</i>	<i>1</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i>806</i>	AB	GB 2 253 846 A	9/23/92	Great Britain	<i>1</i>	<i>1</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i>806</i>	AC	EP 405 425 A2	1/2/91	Europe	<i>1</i>	<i>1</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i>806</i>	AD	134,184	2/1979	East Germany	<i>1</i>	<i>1</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i>806</i>	AE	3,501,696	7/1986	Germany	<i>1</i>	<i>1</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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	AY						<input type="checkbox"/>	<input type="checkbox"/>
	AZ						<input type="checkbox"/>	<input type="checkbox"/>

EXAMINER

*Walter B. B.*

DATE CONSIDERED

*5/5/03*

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